



Community Health Center Association of Connecticut

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Testimony of

Community Health Center Association of CT

Presented by

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Before the Appropriations Committee Regarding Governor's Budget Proposal re Health/Hospitals

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Good evening and thank you for this opportunity to comment today on Governor Malloy's budget proposal regarding health and hospitals.

The Community Health Center Association of Connecticut (CHCACT) is a nonprofit organization that exists to advance the common interests of Connecticut's federally qualified health centers (FQHCs) in providing quality health care. Through training, technical assistance, public policy work and other initiatives, CHCACT supports the 14 FQHCs in their provision of comprehensive health care to over 329,000 residents across the state every year.

A profile of FQHC patients in Connecticut (2012):

- 94% low income (under 200% of federal poverty level)
- 58% Medicaid
- 23% uninsured
- 16,000 homeless
- 73% racial/ethnic minorities

FQHCs are grounded in their communities: they are governed by local Boards of Directors, at least 51% of each Board must be patients at the centers. Their staff – **over 2800 people across the state** – live in the neighborhoods and therefore know the cultures of and speak the languages of the patients they serve. A recent survey of staff at CT FQHCs revealed that the most common second language was Spanish. But there was no consensus about the next most common language: FQHCs across the state responded that their next most common language was Creole, Bosnian, Albanian, Bangla...the list of languages went on and on!

On behalf of the state's health centers, I'd like to thank this Committee for the support you've shown in the past for the work that we do. And, tonight, I'm asking you to continue that support by **rejecting Governor Malloy's call to reduce the "community health services" line item** in the Department of Public Health from \$6.7 million in FY '13 to \$6.16 million in FY '14 – and

Charter Oak Health Center, Hartford Ctr, CFC Greater Danbury Community Health Center, Danbury Ctr, Community Health Services, Hartford Ctr, & Wellness Center of Greater Torrington, Cromwell Health Center, New Haven Ctr, Community Health Services, Hartford Ctr, First Choice Health Centers, East Haven Ctr, General Scott Hill Health Center, Wilmette Ctr, Newmarket Ctr, New Haven Ctr, & Waterbury Ctr, Bridgewater, Bridgeport Ctr, Southwestern Community Health Center, Bridgeport Ctr, Seaway Health Center, Waterbury Ctr, United Community & Family Health Center, New Haven Ctr, Optimum Health Care, & Walgreens Ctr.

and for your consideration of these requests.

Connecticut's federally qualified health centers thank you for your dedication to public service

proposals in our own state that have been preferred recently. Services would be entirely inconsistent with evidence-based practices, national research – and the solution that is already working in hundreds of sites across the state. Reducing funding for these enhance access to behavioral health services to children: school-based health centers are one session, legislative committees and other task forces are preparing recommendations on how to track record of not only keeping children healthy – but ready to learn and succeed in life. This based health centers. As this Committee knows, school-based health centers have a proven Another concern in the Governor's budget proposal is the **reduction in funding for school-**

continuing level funding for the FQHCs will help them prepare for the increased demand in patients, as well as continue the valuable services and programs they currently provide.

With so many unknowns, CHACT respectfully requests that this Committee not make these cuts this year. Cuts to FQHCs disproportionately impact racial/ethnic minorities and low income individuals. They also lead directly to job losses – for outreach workers, medical assistants, support staff, doctors, billing coordinators and more. Unfortunately, other recent reductions to FQHCs have already led to layoffs.

Federal health centers almost doubled. Even the Governor's budget proposal recognizes this likely trend, predicting an increase in patient numbers from a projected 330,000 in the current year to 370,000 in FY '15. When Massachusetts enacted health reform, demand for services at health Affordabe Care Act. Even the Governor's budget proposal reduces this likely trend, cutting so many unknowns, CHACT respectfully requests that this Committee not make these cuts this year. Cuts to FQHCs disproportionately impact racial/ethnic minorities and low income individuals. They also lead directly to job losses – for outreach workers, medical assistants, support staff, doctors, billing coordinators and more. Unfortunately, other recent reductions to FQHCs have already led to layoffs.

The hope is that, with the implementation of the Affordable Care Act, the number of uninsured in Connecticut will be dramatically reduced, from upwards of 300,000 to virtually none. Unfortunatey, it is unlikely that all 300,000 individuals will become insured. Moreover, even if they do, they are unlikely to become insured all at one time. Therefore, the most likely scenario is that tens of thousands of CT residents – perhaps as many as 200,000 – will remain uninsured under the Affordable Care Act. Those who remain uninsured will include undocumented immigrants, who will continue to receive health care services at health centers and other safety net providers.

that help offset the costs of treating the uninsured in our state. Then a further reduction to \$5.67 million in FY '15. This line item funds grants to the FQHCs